

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me: SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 BLIND/VISUALLY IMPAIRED 4	
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' CIRCLED  </div> <div style="text-align: center;"> CODE '1' OR '4' CIRCLED  </div> </div>		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 2. REPRODUCTION

Now I would like to ask about birth to all women, including those who have never married. I apologize if some of the questions are personal.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DAUGHTERS AT HOME <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DAUGHTERS ELSEWHERE... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> GIRLS DEAD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input style="width: 20px; height: 20px;" type="text"/> NO <input style="width: 20px; height: 20px;" type="text"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input style="width: 20px; height: 20px;" type="text"/> NO BIRTHS <input style="width: 20px; height: 20px;" type="text"/> →		→ 226

211 Now I would like to record the names of all your births, whether still alive or not. Starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETE D YEARS.	IF ALIVE IF ALIVE	IF ALIVE RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	IF DEAD How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
01 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .. 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETE D YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
07 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
08 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
09 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
10 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
11 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
12 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK ✓ : NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN JANUARY 2007 OR LATER.	NUMBER OF BIRTH <input type="checkbox"/> NONE 0	→ 226
225	C FOR EACH BIRTH SINCE JANUARY 2007, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'H' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED).		
226	Are you pregnant now?	YES 1 NO 2 DON'T KNOW 8	→ 230
227	C How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="checkbox"/> <input type="checkbox"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that ended with miscarriage, abortion, or still birth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2007 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JANUARY 2007 <input type="checkbox"/> →		→ 236
233	C How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY THAT ENDED IN MASCARRIAGE 'A' FOR PREGNANCY THAT WAS ABORTED AND 'S' FOR PREGNANCY THAT ENDED IN A STILLBIRTH AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTH <input type="checkbox"/> <input type="checkbox"/>	
234	Since January 2007, have you had any other pregnancies that miscarried, was aborted or ended in a stillbirth, was any else you say?	YES 1 NO 2	→ 236

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2007. C ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY THAT ENDED IN MISCARRIAGE 'A' FOR PREGNANCY THAT WAS ABORTED AND 'S' FOR PREGNANCY THAT ENDED IN A STILLBIRTH AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.														
236	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2007 OR LATER <input type="checkbox"/> Before January 2007, have you ever had a pregnancy that ended with: a. miscarriage? b. abortion? c. stillbirth?	LAST PREGNANCY ENDED BEFORE JANUARY 2007 <input type="checkbox"/> Was the pregnancy that ended with: a. miscarriage? b. abortion? c. stillbirth?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>MISCARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ABORTION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STILLBIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	MISCARRIAGE	1	2	ABORTION	1	2	STILLBIRTH	1	2
	YES	NO													
MISCARRIAGE	1	2													
ABORTION	1	2													
STILLBIRTH	1	2													
236A	CHECK 236: CODE "1" FOR MISCARRIAGE CIRCLED <input type="checkbox"/>	CODE "2" FOR MISCARRIAGE CIRCLED <input type="checkbox"/>	→ 236C												
236B	How many times did you have a miscarriage before January 2007?	NUMBER <input type="text"/> <input type="text"/>													
236C	CHECK 236: CODE "1" FOR ABORTION CIRCLED <input type="checkbox"/>	CODE "2" FOR ABORTION CIRCLED <input type="checkbox"/>	→ 236E												
236D	How many times did you have an abortion before January 2007?	NUMBER <input type="text"/> <input type="text"/>													
236E	CHECK 236: CODE "1" FOR STILLBIRTH CIRCLED <input type="checkbox"/>	CODE "2" FOR STILLBIRTH CIRCLED <input type="checkbox"/>	→ 236G												
236F	How many times did you have a stillbirth before January 2007?	NUMBER <input type="text"/> <input type="text"/>													
236G	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2007 OR LATER <input type="checkbox"/>	LAST PREGNANCY ENDED BEFORE JANUARY 2007 <input type="checkbox"/>	→ 238												
236H	CHECK 236: AT LEAST ONE CODE "1" CIRCLED <input type="checkbox"/>	NO CODE "1" CIRCLED <input type="checkbox"/>	→ 238												
237	When did the last such pregnancy that terminated before January 2007 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1258 153 1360 210"><tr><td></td><td></td></tr></table> WEEKS AGO ... 2 <table border="1" data-bbox="1258 216 1360 273"><tr><td></td><td></td></tr></table> MONTHS AGO ... 3 <table border="1" data-bbox="1258 279 1360 336"><tr><td></td><td></td></tr></table> YEARS AGO ... 4 <table border="1" data-bbox="1258 342 1360 399"><tr><td></td><td></td></tr></table> MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH/LAST MISCARRIAGE 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she had have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning. The various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	INTRAVAG/DIAPHRAGM Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2
10	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
13	OTHERS Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2
302	CHECK 226: CODE "2" OR "8" <input type="checkbox"/> CIRCLED CODE "1" <input type="checkbox"/> CIRCLED	→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2 → 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.</p> <p>IF INJECTABLES, ASK FOR HOW MANY MONTHS.</p>	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTION 1 MONTH D INJECTION 3 MONTHS E IMPLANT F PILL G CONDOM H INTRAVAG/DIAPHRAGM I MAL J PERIODIC ABSTINENCE K WITHDRAWAL L OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	<input type="checkbox"/> → 307 <input type="checkbox"/> → 308A <input type="checkbox"/> → 306 <input type="checkbox"/> → 306D <input type="checkbox"/> → 308A <input type="checkbox"/> → 311
305	Do you have a package of pills in the house?	YES 1 NO 2	→ 305B
305A	<p>Please show me the package of pills you are now using. (RECORD TYPE OF PILLS).</p> <p>COMBINATION : SINGLE : - ANDALAN - EXCLUTON - DIANE - PILKAB - KOMBINASI - LYNDIOL - LEVODIOL - MICRODYOL - MICROGYNON - MICROLUT - PLANAK - TRINORDIOL - YASMIN</p>	PACKAGE SEEN COMBINATION 1 SINGLE 2 OTHER 6 PACKAGE NOT SEEN 8	→ 305C
305B	Why don't you have a/can not show the package of pills?	RAN OUT 1 COST TOO MUCH 2 HUSBAND AWAY 3 MENSTRUATING 4 OTHER 6	→ 305E
305C	CHECK THE PACKET FOR PILL USE AND CIRCLE THE CORRECT CODE.	PILLS MISSING IN ORDER 1 PILLS MISSING OUT OF ORDER ... 2 NO PILLS MISSING 3	→ 305E
305D	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO 1 HEALTH REASONS 2 FIELDWORKER'S INSTRUCTION ... 3 NEW PACKAGE 4 MENSTRUATING 5 OTHER 6	
305E	<p>When was the last time you took a pill?</p> <p>IF PILL IS TAKEN TODAY, ENTER '00'</p>	DAYS AGO <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO 97	
305F	<p>CHECK 305E:</p> <p>MORE THAN TWO <input type="checkbox"/> DAYS AGO ↓</p> <p>TWO DAYS AGO <input type="checkbox"/> OR LESS</p>		→ 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305G	Why aren't you taking the pills these days?	HUSBAND/PARTNER AWAY 01 FORGOT 02 HEALTH REASON 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER 96	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → 308A
306	How many weeks ago did you have an injection?	WEEKS AGO <input type="text"/> <input type="text"/>	
306A	CHECK 304: CODE 'D' CIRCLED <input type="checkbox"/>	CODE 'E' CIRCLED <input type="checkbox"/>	
306B	CHECK 306: MORE THAN <input type="checkbox"/> 4 WEEKS AGO ↓ 4 WEEKS <input type="checkbox"/> OR LESS → 308A	MORE THAN <input type="checkbox"/> 13 WEEKS AGO ↓ 13 WEEKS <input type="checkbox"/> OR LESS → 308A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → 308A
306C	Why haven't you had an injection recently?	HUSBAND/PARTNER AWAY 1 FORGOT 2 HEALTH REASONS 3 COST TOO MUCH 4 OTHER 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → 308A
306D	When did you start using implant?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
306E	CHECK 306D: COMPUTE DURATION OF IMPLANT USE.	DURATION IN MONTHS <input type="text"/> <input type="text"/>	
306F	CHECK 306E: MORE THAN <input type="checkbox"/> 36 MONTHS ↓	36 MONTHS <input type="checkbox"/> OR LESS → 308A	<input type="checkbox"/> <input type="checkbox"/> → 308A
306G	Why haven't you had the implant taken out?	HUSBAND/PARTNER AWAY 1 FORGOT 2 HEALTH REASONS 3 COST TOO MUCH 4 OTHER 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PI ACF</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>MOBILE UNIT 14</p> <p>OTHER _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>MATERNITY HOSPITAL 22</p> <p>MATERNITY HOME 23</p> <p>CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>OBSTETRICIAN 26</p> <p>MOBILE UNIT 27</p> <p>OTHER _____ 28</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
308	<p>In what month and year was the sterilization performed?</p>		
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
309	<p>How much did you (your husband/partner) pay in total for the contraceptives/sterilization, including any consultation you (he) may have had?</p>	<p>Rp <input type="text"/> <input type="text"/></p>	
309A	<p>CHECK 304: CODE 'A' OR 'B' CIRCLED <input type="checkbox"/> CODE 'A' OR 'B' NOT CIRCLED <input type="checkbox"/></p>		→ 310
309B	<p>CHECK 304:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'B' CIRCLED <input type="checkbox"/></p> <p>Before the sterilization operation, were you told that you would not able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not able to have any (more) children because of the operation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
309C	<p>Have you ever heard about recanalisation, that is an operation to reverse sterilization?</p>	<p>YES 1</p> <p>NO 2</p>	→ 310
309D	<p>Do you know where a person can have an operation to reverse sterilization?</p>	<p>YES 1</p> <p>NO 2</p>	
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2007 OR LATER <input type="checkbox"/> YEAR IS 2006 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING. C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2007 .</p> <p>SKIP TO → 311 SKIP TO → 322</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2006.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1: ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then? <p>IN COLUMN 2: ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • Where did you obtain the method when you start using it? • [for LAM or rhythm] Where did you get advice on how to use the method? <p>IN COLUMN 3: ENTER CODES FOR REASON FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> • How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p> <p></p>		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 324
313A	<p>Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.</p> <p>How many living children did you have at that time, if any?</p> <p>IF NONE RECORD '00'</p>	NUMBER OF LIVING CHILDREN <input type="text"/> <input type="text"/>	→ 324
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTION 1 MONTH 04 INJECTION 3 MONTHS 05 IMPLANT 06 PILL 07 CONDOM 08 INTRAVAG/DIAPHRAGM 09 MAL 10 PERIODIC ABSTINENCE 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTEF..... 12</p> <p>CLINIC..... 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>VILLAGE HEALTH POST 16</p> <p>DELIVERY POST..... 17</p> <p>HEALTH POST 18</p> <p>FP POST 19</p> <p>OTHER 20</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 31</p> <p>MATERNITY HOSPITAL 32</p> <p>MATERNITY HOME 33</p> <p>CLINIC..... 34</p> <p>GENERAL PRACTITIONER 35</p> <p>OBSTETRICIAN 36</p> <p>MIDWIFE 37</p> <p>NURSE..... 38</p> <p>VILLAGE MIDWIFE 39</p> <p>PHARMACY/DRUG STORE 40</p> <p>OTHER 41</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>FRIENDS/RELATIVES 51</p> <p>SHOP 52</p> <p>OTHER 56</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTEF..... B</p> <p>CLINIC..... C</p> <p>FP FIELDWORKER D</p> <p>FP MOBILE UNIT E</p> <p>VILLAGE HEALTH POST F</p> <p>DELIVERY POST..... G</p> <p>HEALTH POST H</p> <p>FP POST I</p> <p>OTHER J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL K</p> <p>MATERNITY HOSPITAL L</p> <p>MATERNITY HOME M</p> <p>CLINIC..... N</p> <p>GENERAL PRACTITIONER O</p> <p>OBSTETRICIAN P</p> <p>MIDWIFE Q</p> <p>NURSE..... R</p> <p>VILLAGE MIDWIFE S</p> <p>PHARMACY/DRUG STORE T</p> <p>OTHER U</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>FRIENDS/RELATIVES V</p> <p>SHOP W</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 6 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
327	In the last 6 months, have you visited by a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN JANUARY 2007 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN JANUARY 2007 OR LATER <input type="checkbox"/></p> <p align="right">→ 556</p>		
402	<p>CHECK 212: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JANUARY 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about your children born in the last five years. (We will talk about each separately).</p>		
403	<p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</p>	<p>LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>
404	<p>FROM 212 AND 216</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES 1 (SKIP TO 407A) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 407A) ←</p> <p>NO 2</p>
406	<p>Did you want to have a baby later on, or did you not want any (more) children?</p>	<p>LATER 2 NO MORE 3 (SKIP TO 407A) ←</p>	<p>LATER 2 NO MORE 3 (SKIP TO 407A) ←</p>
407	<p>How much longer did you want to wait?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>DON'T KNOW 998</p>
407A	<p>Has (NAME)'s birth been registered?</p>	<p>YES 1 NO 2 (SKIP TO 407D) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 407D) ← DON'T KNOW 8</p>
407B	<p>May I see the document? CHECK THE DOCUMENT(S) PRODUCED BY THE RESPONDENT. IF THERE ARE MORE THAN ONE DOCUMENT, CIRCLE THE HIGHEST CODE.</p>	<p>NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 408) ← BIRTH CERTIFICATE 5</p>	<p>NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 430) ← BIRTH CERTIFICATE 5</p>
407C	<p>How old was (NAME) when you registered his/her birth?</p>	<p>DAYS 1 <input type="text"/></p> <p>WEEEEKS 2 <input type="text"/></p> <p>MONTHS 3 <input type="text"/></p> <p>YEARS 4 <input type="text"/></p> <p>DON'T KNOW 998 (SKIP TO 408) ←</p>	<p>DAYS 1 <input type="text"/></p> <p>WEEEEKS 2 <input type="text"/></p> <p>MONTHS 3 <input type="text"/></p> <p>YEARS 4 <input type="text"/></p> <p>DON'T KNOW 998 (SKIP TO 430) ←</p>
407D	<p>Why was (NAME) not registered?</p>	<p>COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6</p>	<p>COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414B) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	HEALTH PROFESSIONAL GENERAL PRACTITIONER A OBSTETRICIAN B NURSE C MIDWIFE D VILLAGE MIDWIFE E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER _____ X (SPECIFY)	
409A	CHECK 409: CODE 'A', 'B', 'C', 'D' <input type="checkbox"/> OR 'E' CIRCLED ↓	CODE 'F', OR 'X', <input type="checkbox"/> CIRCLED → (SKIP TO 410)	
409B	Were you given an MCH book for this pregnancy? IF YES: May I see it, please?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DON'T KNOW 8	
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME RESPONDENT'S HOME A OTHER HOME B PUBLIC SECTOR HOSPITAL C HEALTH CENTE D VILLAGE HEALTH POST E DELIVERY POST F HEALTH POST G OTHER _____ H (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL I MATERNITY HOSPITAL J MATERNITY HOME K CLINIC L GENERAL PRACTITIONER M OBSTETRICIAN N MIDWIFE O NURSE P VILLAGE MIDWIFE Q OTHER _____ X (SPECIFY)	
410A	Did your husband/partner accompany you in any antenatal care visits during this pregnancy?	YES 1 NO 2	
411	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98 (SKIP TO 413) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____		
412A	CHECK 412: NUMBER OF TIMES RECEIVED ANTENATAL CARE.	MORE THAN ONCE <input type="checkbox"/> ↓	ONCE <input type="checkbox"/> ↓ (SKIP TO 413)		
412B	You made (NUMBER IN 409) antenatal care visits during this pregnancy. How many times did you receive antenatal care in: a. The first 3 months? b. Between the fourth and sixth month? c. Between the seventh month and delivery? SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 412.	NUMBER OF ANTENATAL VISITS			
		0 - 3 MONTHS	<input type="checkbox"/>	<input type="checkbox"/>	
		4 - 6 MONTHS	<input type="checkbox"/>	<input type="checkbox"/>	
		7 MONTH-DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>	
412C	How many months pregnant were you the last time you received antenatal care?	MONTH	<input type="checkbox"/>	<input type="checkbox"/>	
		DON'T KNOW	98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: - Was your weight measured? - Was your height measured? - Was your blood pressure measured? - Did you give a urine sample? - Did you give a blood sample? - Was your stomach examined ? - Consultation?		YES	NO	
		WEIGHT	1	2	
		HEIGHT	1	2	
		BLOOD PRESSURE	1	2	
		URINE SAMPLE	1	2	
		BLOOD SAMPLE	1	2	
		STOMACH	1	2	
		CONSULTATION	1	2	
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES	1		
		NO	2		
		(SKIP TO 414B) ←			
		DON'T KNOW	8		
414A	Were you told where to go if you had these complications?	YES	1		
		NO	2		
		DON'T KNOW	8		
414B	During your pregnancy with (NAME), did you discuss with anyone about: - Where you plan to delivery? - Transportation to the place of delivery? - Who is going to assist the delivery? - Payment for the delivery? - Identifying a possible blood donor?		YES	NO	
		PLACE TO DELIVERY	1	2	
		TRANSPORTATION	1	2	
		DELIVERY ASSISTANT .	1	2	
		PAYMENT	1	2	
		BLOOD DONOR	1	2	
414C	Did you have any complications during this pregnancy (NAME)?	YES	1		
		NO	2		
		(SKIP TO 415) ←			
414D	What are they? Any other complications? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	LABOR BEFORE 9 MONTHS	A		
		VAGINAL BLEEDING	B		
		FEVER	C		
		CONVULSIONS AND FAINTING	D		
		OTHER _____	X		
		(SPECIFY)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
414E	<p>What did you do to overcome the complication?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z			
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8			
416	<p>During your pregnancy with (NAME), how many times did you get this injection?</p> <p>IF 5 OR MORE TIMES, RECORD '5'.</p>	TIMES <input type="text"/> DON'T KNOW 8			
417	CHECK 416:	OTHER <input type="checkbox"/> ↓ 2 OR MORE TIMES <input type="checkbox"/> ↓ (SKIP TO 421)			
418	<p>At any time before this pregnancy, did you receive any tetanus injections?</p>	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8			
419	<p>Before this pregnancy, how many times did you receive a tetanus injection?</p> <p>IF 5 OR MORE TIMES, RECORD '5'.</p>	TIMES <input type="text"/> DON'T KNOW 8			
420	<p>How many years ago did you receive the last tetanus injection before this pregnancy?</p>	YEARS AGO <input type="text"/> <input type="text"/>			
421	<p>During this pregnancy, were you given or did you buy any iron tablets or iron syrup?</p> <p>SHOW TABLET/SYRUP.</p>	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8			
422	<p>During the whole pregnancy, for how many days did you take the tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF</p>	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998			
430	<p>When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?</p>	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAG 4 VERY SMALL 5 DON'T KNOW 8		VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
431	<p>Was (NAME) weighed at birth?</p>	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH				
		NAME _____			NAME _____				
432	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1	<input type="text"/>	<input type="text"/>	GRAMS FROM CARD 1	<input type="text"/>	<input type="text"/>		
		GRAMS FROM RECALL 2	<input type="text"/>	<input type="text"/>	GRAMS FROM RECALL 2	<input type="text"/>	<input type="text"/>		
		DON'T KNOW 99998			DON'T KNOW 99998				
432A	At the time of the birth of (NAME), did you have: - Labor, that is the strong and regular contractions lasting more than one day and one night? - A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)? - A high fever and foul smelling vaginal discharge? - Convulsions with loss of consciousness? - Water breaks more than six hours before the baby was born? - Any other complications? IF YES, SPECIFY.								
			YES	NO	DON'T KNOW				
		PROLONGED LABOR	1	2	8	PROLONGED LABOR	1	2	8
		VAGINAL BLEEDING	1	2	8	VAGINAL BLEEDING	1	2	8
		FEVER/FOUL SMELLING	1	2	8	FEVER/FOUL SMELLING	1	2	8
		CONVULSIONS	1	2	8	CONVULSIONS	1	2	8
		WATER BREAKS	1	2	8	WATER BREAKS	1	2	8
		OTHER	1	2	8	OTHER	1	2	8
		(SPECIFY)			(SPECIFY)				
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.	HEALTH PROFESSIONAL				HEALTH PROFESSIONAL			
		GENERAL PRACTITIONER	.....	A		GENERAL PRACTITIONER	.....	A	
		OBSTETRICIAN	.....	B		OBSTETRICIAN	.....	B	
		NURSE	.....	C		NURSE	.....	C	
		MIDWIFE	.....	D		MIDWIFE	.....	D	
		VILLAGE MIDWIFE	.....	E		VILLAGE MIDWIFE	.....	E	
		OTHER PERSON				OTHER PERSON			
		TRADITIONAL BIRTH ATTENDANT	.....	F		TRADITIONAL BIRTH ATTENDANT	.....	F	
		RELATIVE/FRIEND	.....	G		RELATIVE/FRIEND	.....	G	
		OTHER	.....	X		OTHER	.....	X	
		(SPECIFY)			(SPECIFY)				
		NO ONE	.....	Y		NO ONE	.....	Y	
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.	HOME				HOME			
		RESPONDENT'S HOME	.....	11		RESPONDENT'S HOME	.....	11	
		(SKIP TO 438)	←			(SKIP TO 438)	←		
		OTHER HOME	.....	12		OTHER HOME	.....	12	
		PUBLIC SECTOR				PUBLIC SECTOR			
		HOSPITAL/CLINIC	.....	21		HOSPITAL/CLINIC	.....	21	
		HEALTH CENTER	.....	22		HEALTH CENTER	.....	22	
		VILLAGE HEALTH POST	.....	23		VILLAGE HEALTH POST	.....	23	
		DELIVERY POST	.....	24		DELIVERY POST	.....	24	
		OTHER	.....	26		OTHER	.....	26	
		(SPECIFY)			(SPECIFY)				
		PRIVATE MEDICAL SECTOR				PRIVATE MEDICAL SECTOR			
		HOSPITAL	.....	31		HOSPITAL	.....	31	
		MATERNITY HOSPITAL	.....	32		MATERNITY HOSPITAL	.....	32	
		MATERNITY HOME	.....	33		MATERNITY HOME	.....	33	
		CLINIC	.....	34		CLINIC	.....	34	
		GENERAL PRACTITIONER	.....	35		GENERAL PRACTITIONER	.....	35	
		OBSTETRICIAN	.....	36		OBSTETRICIAN	.....	36	
		MIDWIFE	.....	37		MIDWIFE	.....	37	
		NURSE	.....	38		NURSE	.....	38	
		VILLAGE MIDWIFE	.....	39		VILLAGE MIDWIFE	.....	39	
		OTHER	.....	40		OTHER	.....	40	
		(SPECIFY)			(SPECIFY)				
		OTHER	.....	96		OTHER	.....	96	
		(NAME OF PLACE)	.....			(NAME OF PLACE)	.....	
		(SPECIFY)			(SPECIFY)				
		(SKIP TO 438)	←			(SKIP TO 448)	←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____		NAME _____							
434A	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
		DAYS 2									
		WEEKS 3									
		DON'T KNOW 998									
434B	Was your husband/partner with you when you delivered (NAME)?	YES 1 NO 2		YES 1 NO 2							
435	Was (NAME) delivered by caesarean, that is, they cut your belly open to take the baby out?	YES 1 NO 2		YES 1 NO 2							
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. After (NAME) was born, did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 439) ←									
		NO 2									
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ←									
		NO 2 (SKIP TO 442) ←									
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 (SKIP TO 442) ←									
		NO 2									
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL OBSTETRICIAN 11 GENERAL PRACTITIONER 12 NURSE 13 MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)									
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
		DAYS 2									
		WEEKS 3									
		DON'T KNOW 998									
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ←									
		DON'T KNOW 8									

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____		NAME _____							
443	<p>How many hours, days or weeks after the birth of (NAME) first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH . . . 1</p> <p>DAYS AFTER BIRTH . . . 2</p> <p>WKS AFTER BIRTH . . . 333</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
444	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL</p> <p>GENERAL PRACTITIONER 11</p> <p>OBSTETRICIAN 12</p> <p>PEDIATRICIAN 13</p> <p>NURSE 14</p> <p>MIDWIFE 15</p> <p>VILLAGE MIDWIFE 16</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>									
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>VILLAGE HEALTH POST 23</p> <p>DELIVERY POST 24</p> <p>HEALTH POST 25</p> <p>OTHER _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 31</p> <p>MATERNITY HOSPITAL 32</p> <p>MATERNITY HOME 33</p> <p>CLINIC 34</p> <p>GENERAL PRACTITIONER 35</p> <p>OBSTETRICIAN 36</p> <p>PEDIATRICIAN 37</p> <p>MIDWIFE 38</p> <p>NURSE 39</p> <p>VILLAGE MIDWIFE 40</p> <p>OTHER _____ 41</p> <p>(SPECIFY)</p>									
446	<p>In the first two months after delivery, did you receive a vitamin A dose like this?</p> <p>SHOW RED CAPSULE.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p>(SKIP TO 449) ←</p> <p>NO 2</p> <p>(SKIP TO 450) ←</p>									
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>			<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 452) ←</p>							

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	DON'T KNOW 98	DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	CODE "2" <input type="checkbox"/> CIRCLED ↓	CODE "1" <input type="checkbox"/> OR "8" <input type="checkbox"/> CIRCLED ← (SKIP TO 452)		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←			
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	DON'T KNOW 98	DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2		YES 1	NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460)	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00', IF LESS THAN 24 HOURS RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>			
456	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←			
457	What was (NAME) given to drink? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA H HONEY I RICE WATER J OTHER _____ X (SPECIFY)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES 1 NO 2			
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501		GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501	

SECTION 5. IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2006. ASK THE QUESTIONS ABOUT ALL LIVING CHILDREN, STARTING FROM OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE THE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE).																																																																																																												
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	<input type="text"/>	<input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER																																																																																																								
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)																																																																																																								
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ←	YES, NOT SEEN 2 (SKIP TO 509) ←	NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3																																																																																																								
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ←	NO 2	YES 1 (SKIP TO 509) ←	NO 2																																																																																																								
506	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3" style="text-align:center;">LAST BIRTH</th> <th colspan="3" style="text-align:center;">NEXT LAST BIRTH</th> </tr> <tr> <th style="text-align:center;">DAY</th> <th style="text-align:center;">MONTH</th> <th style="text-align:center;">YEAR</th> <th style="text-align:center;">DAY</th> <th style="text-align:center;">MONTH</th> <th style="text-align:center;">YEAR</th> </tr> </thead> <tbody> <tr><td>HEPATITIS B0</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>BCG</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>POLIO 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DPT 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>HEPATITIS B1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>POLIO 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DPT 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>HEPATITIS B2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>POLIO 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DPT 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>HEPATITIS B3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>POLIO 4</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>MEASLES</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>						LAST BIRTH			NEXT LAST BIRTH			DAY	MONTH	YEAR	DAY	MONTH	YEAR	HEPATITIS B0	<input type="text"/>	BCG	<input type="text"/>	POLIO 1	<input type="text"/>	DPT 1	<input type="text"/>	HEPATITIS B1	<input type="text"/>	POLIO 2	<input type="text"/>	DPT 2	<input type="text"/>	HEPATITIS B2	<input type="text"/>	POLIO 3	<input type="text"/>	DPT 3	<input type="text"/>	HEPATITIS B3	<input type="text"/>	POLIO 4	<input type="text"/>	MEASLES	<input type="text"/>																																																																	
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507	CHECK 506:	OTHER <input type="checkbox"/> ↓	HEPATITIS B0 TO MEASLES ALL RECORDED <input type="checkbox"/> ↓ (SKIP TO 511)	OTHER <input type="checkbox"/> ↓	HEPATITIS B0 TO MEASLES ALL RECORDED <input type="checkbox"/> ↓ (SKIP TO 511)																																																																																																								

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
508	<p>Has (NAME) received any vaccinations that are not recorded on this card including vaccinations given in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506.</p>	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←
		NO 2 (SKIP TO 511) ← DON'T KNOW 8		NO 2 (SKIP TO 511) ← DON'T KNOW 8	NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases including vaccinations received in a national immunization day campaign?</p>	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	
510	<p>Please tell me if (NAME) had any of the following vaccinations:</p>				
510A	<p>A BCG vaccination to against tuberculosis, that is, an injection in the upper sleeve which is leaved a mark?</p>	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
510B	<p>Polio vaccine, that is, a pink or white drops in the mouth?</p>	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	
510C	<p>Was the first polio vaccine given in the first two weeks after birth or later?</p>	FIRST 2 WEEKS 1 LATER 2		FIRST 2 WEEKS 1 LATER 2	
510D	<p>How many times was the polio vaccine received?</p>	NUMBER OF TIMES <input type="text"/>		NUMBER OF TIMES <input type="text"/>	
510E	<p>A DPT vaccination, that is, an injection in the thigh or buttocks, sometimes given at the same time with polio drops?</p>	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	
510F	<p>How many times was the DPT vaccine given?</p>	NUMBER OF TIMES <input type="text"/>		NUMBER OF TIMES <input type="text"/>	
510G	<p>A measles injection or an MMR injection- that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
510H	<p>A Hepatitis B injection - that is an injection on the outside of the thigh to prevent Hepatitis B?</p>	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
510I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES,RED	1	YES,RED	1
		YES,BLUE	2	YES,BLUE	2
		NO	3	NO	3
		DON'T KNOW	8	DON'T KNOW	8
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES	1	YES	1
		NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES	1	YES	1
		NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES	1	YES	1
		NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8
		(SKIP TO 525) ←		(SKIP TO 525) ←	
514A	CHECK 459: LAST CHILD STILL BREASTFEED?	'YES' <input type="checkbox"/> ↓	'NO' <input type="checkbox"/> ↓ (SKIP TO 516)		
514B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES	1		
		NO	2		
		(SKIP TO 516) ←			
514C	Did you <u>reduce</u> the number of feeds or <u>increase</u> them, or did you <u>stop completely</u> ?	REDUCED	1		
		INCREASED	2		
		STOPPED COMPLETELY	3		
515	Is there blood in the stool?	YES	1	YES	1
		NO	2	NO	2
		DONT KNOW	8	DONT KNOW	8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink (CODE 1) or somewhat less (CODE 2)?	MUCH LESS	1	MUCH LESS	1
		SOMEWHAT LESS	2	SOMEWHAT LESS	2
		ABOUT THE SAME	3	ABOUT THE SAME	3
		MORE	4	MORE	4
		NOTHING TO DRINK	5	NOTHING TO DRINK	5
		DON'T KNOW	8	DON'T KNOW	8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
517	<p>When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she offered much less than usual to eat (CODE 1) or somewhat less (CODE 2)?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>
518	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1 NO 2 (SKIP TO 522) ←</p>	<p>YES 1 NO 2 (SKIP TO 522) ←</p>
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE (S))</p>	<p>PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C VILLAGE HEALTH POST D DELIVERY POST E HEALTH POST F OTHER G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL H MATERNITY HOSPITAL I MATERNITY HOME J CLINIC K GENERAL PRACTITIONER L PEDIATRICIAN M MIDWIFE N NURSE O VILLAGE MIDWIFE P PHARMACY/DRUG STORE Q OTHER R (SPECIFY)</p> <p>OTHER TRADITIONAL BIRTH ATTENDANT S SHOP T OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C VILLAGE HEALTH POST D DELIVERY POST E HEALTH POST F OTHER G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL H MATERNITY HOSPITAL I MATERNITY HOME J CLINIC K GENERAL PRACTITIONER L PEDIATRICIAN M MIDWIFE N NURSE O VILLAGE MIDWIFE P PHARMACY/DRUG STORE Q OTHER R (SPECIFY)</p> <p>OTHER TRADITIONAL BIRTH ATTENDANT S SHOP T OTHER X (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 522) ←</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> ONE CODE CIRCLED ↓ (SKIP TO 522) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 522) ←</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> ONE CODE CIRCLED ↓ (SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
522	Was (NAME) given any of the following to drink: a. A fluid made from a special packet called ORALIT? b. A government-recommended homemade fluid?		DON'T YES NC KNOW		DON'T YES NO KNOW		
		ORALIT PACKET	1 2 8	ORALIT PACKET	1 2 8		
				
		HOMEMADE FLUID ...	1 2 8	HOMEMADE FLUID ...	1 2 8		
523	Was anything (else) given to treat the diarrhea?	YES	1	YES	1		
		NO	2	NO	2		
		(SKIP TO 525) ←		(SKIP TO 525) ←			
		DON'T KNOW	8	DON'T KNOW	8		
524	What (else) was given to treat the diarrhea? Anything else?	PILL OR SYRUP		PILL OR SYRUP			
		ANTIBIOTIC	A	ANTIBIOTIC	A		
		ANTIMOTILITY	B	ANTIMOTILITY	B		
		ZINC	C	ZINC	C		
		OTHER (NOT ANTIBIOTIC, ANTI-MOTILITY, OR ZINC)	D	OTHER (NOT ANTIBIOTIC, ANTI-MOTILITY, OR ZINC)	D		
		UNKNOWN PILL OR SYRUP	E	UNKNOWN PILL OR SYRUI	F		
		INJECTION		INJECTION			
		ANTIBIOTIC	F	ANTIBIOTIC	F		
		NON-ANTIBIOTIC	G	NON-ANTIBIOTIC	G		
		UNKNOWN INJECTION	H	UNKNOWN INJECTION	H		
		(IV) INTRAVENOUS	I	(IV) INTRAVENOUS	I		
		HOME REMEDY/HERBAL MEDICINE	J	HOME REMEDY/HERBAL MEDICINE	J		
		OTHER _____	X	OTHER _____	X		
		(SPECIFY)		(SPECIFY)			
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES	1	YES	1		
		NO	2	NO	2		
		DON'T KNOW	8	DON'T KNOW	8		
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES	1	YES	1		
		NO	2	NO	2		
		(SKIP TO 530) ←		(SKIP TO 530) ←			
		DON'T KNOW	8	DON'T KNOW	8		
528	When (NAME)- had an illness with a cough, did she/he breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES	1	YES	1		
		NO	2	NO	2		
		(SKIP TO 531) ←		(SKIP TO 531) ←			
		DON'T KNOW	8	DON'T KNOW	8		
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY	1	CHEST ONLY	1		
		NOSE ONLY	2	NOSE ONLY	2		
		BOTH	3	BOTH	3		
		OTHER _____	6	OTHER _____	6		
		(SPECIFY)		(SPECIFY)			
		DON'T KNOW	8	DON'T KNOW	8		
		(SKIP TO 531) ←		(SKIP TO 531) ←			

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/>	NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/>	NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink (CODE 1) or somewhat less (CODE 2)?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
532	When (NAME) had a (fever), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat (CODE 1) or somewhat less (CODE 2)?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
533	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 537) ←		YES 1 NO 2 (SKIP TO 537) ←	
534	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C VILLAGE HEALTH POST D DELIVERY POST E HEALTH POST F OTHER _____ G (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL H MATERNITY HOSPITAL I MATERNITY HOME J CLINIC K GENERAL PRACTITIONER L PEDIATRICIAN M MIDWIFE N NURSE O VILLAGE MIDWIFE P PHARMACY/DRUG STORE Q OTHER _____ R (SPECIFY) OTHER TRADITIONAL HEALER S SHOP T OTHER _____ X (SPECIFY)		PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C VILLAGE HEALTH POST D DELIVERY POST E HEALTH POST F OTHER _____ G (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL H MATERNITY HOSPITAL I MATERNITY HOME J CLINIC K GENERAL PRACTITIONER L PEDIATRICIAN M MIDWIFE N NURSE O VILLAGE MIDWIFE P PHARMACY/DRUG STORE Q OTHER _____ R (SPECIFY) OTHER TRADITIONAL HEALER S SHOP T OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
535	CHECK 534:	TWO OR <input type="checkbox"/> MORE CODES CIRCLED ↓	ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 537) ←	TWO OR <input type="checkbox"/> MORE CODES CIRCLED ↓	ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 537) ←
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 552) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 552) ← DON'T KNOW 8	
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP G INJECTION H OTHER DRUGS ASPIRIN I PARACETAMOL/ ACETAMINOPHEN J IBUPROFEN K OTHER _____ X (SPECIFY) DON'T KNOW Z		ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUIN B AMODIAQUINI C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP G INJECTION H OTHER DRUGS ASPIRIN I PARACETAMOL/ ACETAMINOPHEN J IBUPROFEN K OTHER _____ X (SPECIFY) DON'T KNOW Z	
552		GO BACK TO 504 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.		GO BACK TO 504 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																				
557	<p>CHECK 215 DAN 218:</p> <p>HAS AT LEAST ONE CHILD BORN SINCE JANUARY 2010 AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 558)</p> <p>_____</p> <p>(NAME)</p>	<p>HAS NO CHILDREN BORN SINCE JANUARY 2010 AND LIVING WITH HER <input type="checkbox"/></p>	601																																																																																																				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night (24 hours). I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td>a) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td>b) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Clear broth?</td> <td>c) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td> <td>d) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink milk? 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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" CIRCLED <input type="checkbox"/> AT LEAST ONE "YES" CIRCLED <input type="checkbox"/>		561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ← NO 2	601
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 611C
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 610
609A	What was the main reason you have been married/living together more than once?	HUSBAND/PARTNER DEAD 01 UNFAITHFUL 02 DOMESTIC VIOLENCE 03 HUSBAND UNABLE TO FULFILL MATERIAL NEEDS 04 HUSBAND/PARTNER UNABLE TO FULFILL BIOLOGICAL NEEDS ... 05 FREQUENT QUARRELS 06 LONG SEPARATION 07 NO CHILDREN 08 OTHER _____ 96 (SPECIFY)	
610	CHECK 609: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ONCE Now I will talk about your first (husband/partner). In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 611A
611	How old were you when you first living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	Did you receive tetanus toxoid (TT) injection?	YES 1 NO 2	→611C
611B	<p>a. How many TT injections did you receive before you got married?</p> <p>b. How many TT injections have you received after you get married/started living together?</p> <p>NEVER HAD TT INJECTION, RECORD '0' IF 5 OR MORE TIMES, RECORD '5' IF DON'T KNOW RECORD '8'</p>	<p>a. NUMBER OF INJECTIONS <input type="text"/></p> <p>b. NUMBER OF INJECTIONS <input type="text"/></p>	
611C	<p>DETERMINE MONTHS MARRIED LIVING TOGETHER SINCE JANUARY 2007. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR "B" FOR EACH MONTH LIVING TOGETHER, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2007.</p> <p>C FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE .. 00</p> <p>AGE IN YEARS <input type="text"/><input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .. 95</p>	→ 629
614	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p>		
615	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/><input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/><input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/><input type="text"/></p> <p>YEARS AGO 4 <input type="text"/><input type="text"/></p>	→ 629
617	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	
629	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 632A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
630	<p>Where is that?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>FP FIELDWORKER D</p> <p>FP MOBILE UNIT E</p> <p>VILLAGE HEALTH POST F</p> <p>DELIVERY POST G</p> <p>HEALTH POST H</p> <p>FP POST I</p> <p>OTHER _____ J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL K</p> <p>MATERNITY HOSPITAL L</p> <p>MATERNITY HOME M</p> <p>CLINIC N</p> <p>GENERAL PRACTICIONER O</p> <p>OBSTETRICIAN P</p> <p>MIDWIFE Q</p> <p>NURSE R</p> <p>VILLAGE MIDWIFE S</p> <p>PHARMACY/DRUG STORE T</p> <p>OTHER _____ U</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>FRIENDS/RELATIVES V</p> <p>SHOP W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																			
631	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
632A	<p>CHECK 601:</p> <p>CODE "1" OR "2" <input type="checkbox"/> CIRCLED ↓</p> <p>CODE "3" <input type="checkbox"/> CIRCLED → 632G</p>																				
632B	Did your husband/partner know when you had your last menstrual period?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 632D																		
632C	<p>Did your husband/partner ask about your condition regarding your last menstrual period, such as:</p> <p>Whether you had excessive bleeding?</p> <p>Whether the period was on time?</p> <p>The duration of the period?</p> <p>Whether you had excessive pain?</p> <p>Other concerns?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>ON TIME</td> <td>1</td> <td>2</td> </tr> <tr> <td>DURATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>EXCESSIVE PAIN ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BLEEDING	1	2	ON TIME	1	2	DURATION	1	2	EXCESSIVE PAIN ...	1	2	OTHER	1	2	
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632D	<p>CHECK 213:</p> <p>HAS AT LEAST ONE DAUGHTER <input type="checkbox"/> ↓</p> <p>NO DAUGHTER <input type="checkbox"/> → 632G</p>																				
632E	<p>CHECK 216, 217, & 218</p> <p>HAS DAUGHTER(S) AGE 10 OR OLDER LIVING WITH RESPONDENT <input type="checkbox"/> ↓</p> <p>HAS NO DAUGHTER AGE 10 OR OLDER <input type="checkbox"/> → 632G</p>																				
632F	Did your husband/partner know when (any of) your teenage daughter(s) had her first menstrual period?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
632G	Do you know the signs of danger during pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 632J																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632H	<p>What kind of health problems can a woman have when she is pregnant?</p> <p>Any other problems?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PROLONGED LABOR A</p> <p>VAGINAL BLEEDING B</p> <p>FEVER C</p> <p>CONVULSIONS D</p> <p>BABY IN WRONG POSITION E</p> <p>SWOLLEN LIMBS F</p> <p>FAINT G</p> <p>BREATHLESSNESS H</p> <p>TIREDNESS I</p> <p>OTHER X</p>	
632I	<p>What should she do if she experienced this problem?</p> <p>Any other way?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>NOTHING A</p> <p>REST B</p> <p>TAKE MEDICATION C</p> <p>TAKE HERBS D</p> <p>SEE TBA E</p> <p>SEE MIDWIFE F</p> <p>SEE DOCTOR G</p> <p>GO TO A HEALTH FACILITY H</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
632J	<p>Can you tell me what kind of problems can happen to a woman during labor and delivery?</p> <p>Any other problems?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>WATER BREAKS TOO EARLY ... A</p> <p>EXCESSIVE BLEEDING DURING AND AFTER DELIVERY B</p> <p>FEVER C</p> <p>LONG LABOR D</p> <p>FAINT E</p> <p>CONVULSIONS F</p> <p>PLACENTA DOES NOT COME OUT ... G</p> <p>STILLBIRTH H</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	→ 632L
632K	<p>What should she do if she experienced this problem?</p> <p>Any other way?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>NOTHING A</p> <p>REST B</p> <p>TAKE MEDICATION C</p> <p>TAKE HERBS D</p> <p>SEE TBA E</p> <p>SEE MIDWIFE F</p> <p>SEE DOCTOR G</p> <p>GO TO A HEALTH FACILITY H</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
632L	<p>Can you tell me what kind of problems can happen to the mother during the time after birth/during seclusion?</p> <p>Any other problems?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>EXCESSIVE BLEEDING A</p> <p>FAINT B</p> <p>CONVULSIONS C</p> <p>FEVER D</p> <p>FOUL-SMELLING DISCHARGE E</p> <p>SORE BREAST F</p> <p>SADNESS/DEPRESSION G</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	→ 701
632M	<p>What action should be taken to the woman?</p> <p>Any other way?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>NOTHING A</p> <p>REST B</p> <p>TAKE MEDICATION C</p> <p>TAKE HERBS D</p> <p>SEE TBA E</p> <p>SEE MIDWIFE F</p> <p>SEE DOCTOR G</p> <p>GO TO A HEALTH FACILITY H</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>
713	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 999996 (SPECIFY)</p>	
714	<p>In the last six months have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen anything about family planning on the television?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p>	
714A	<p>In the last six months have you read about family planning</p> <p>In a newspaper or magazine?</p> <p>In a poster?</p> <p>In a pamphlet?</p>	<p>YES NO</p> <p>NEWSPAPER OR MAGAZINE 1 2</p> <p>POSTER 1 2</p> <p>PAMPHLET 1 2</p>	
714B	<p>In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 715</p>
714C	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>HUSBAND/PARTNER A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SISTER(S) D</p> <p>BROTHER(S) E</p> <p>DAUGHTER F</p> <p>SON G</p> <p>MOTHER-IN-LAW H</p> <p>FRIENDS/NEIGHBORS I</p> <p>OTHER _____ X (SPECIFY)</p>	
715	<p>In the last six months, did you obtain about family planning information from:</p> <p>FP officer?</p> <p>Teacher?</p> <p>Religious leader?</p> <p>Doctor?</p> <p>Nurse or midwife?</p> <p>Village leader?</p> <p>Women's group (PKK)?</p> <p>Pharmacist?</p>	<p>YA TIDAK</p> <p>FP OFFICER 1 2</p> <p>TEACHER 1 2</p> <p>RELIGIOUS LEADER 1 2</p> <p>DOCTOR 1 2</p> <p>NURSE/MIDWIFE 1 2</p> <p>VILLAGE LEADER 1 2</p> <p>WOMEN'S GROUP 1 2</p> <p>PHARMACIST 1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715A	In the last six months, did you obtain about family planning information from: Mobile information unit? Art?	YA TIDAK MOBILE UNIT 1 2 TRADITIONAL ART 1 2	
716	CHECK 601: MARRIED/ LIVING <input type="checkbox"/> TOGETHER ↓ NEVER MARREID/DIVORCE SEPARATED/WIDOWED <input type="checkbox"/>	→ 801	
717	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY <input type="checkbox"/> USING ↓ CURRENTLY <input type="checkbox"/> USING OR NOT ASKED	→ 720	
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
718A	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
718B	How often did you talk to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	
719	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓ HE OR SHE <input type="checkbox"/> STERILIZED	→ 801	
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S/PARTNER'S BACKGROUND AND WOMEN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601, 602, AND 603: RESPONDENT'S MARITAL STATUS CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/>	DIVORCED/ SEPARATED/WIDOWED <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 805A
804	What was the highest level of school your (last) husband attended: primary, junior high school, senior high school, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8	→ 805A
805	What was the highest (grade/year) your (last) husband/partner completed at that level? FIRST YEAR = 0 COMPLETED = 7	GRADE/YEAR <input type="text"/> DON'T KNOW 98	
805A	Did your (last) husband/partner work?	YES 1 NO 2	→ 807
806	CHECK 801: MARRIED/ <input type="checkbox"/> LIVING TOGETHER <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> (FILLED BY BPS)	DIVORCED/ SEPARATED/ WIDOWED <input type="checkbox"/> What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do? PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 _____ (SPECIFY) DON'T KNOW 98	
807	Now I want to ask you about your activity in the past seven days. Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or bussiness from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ <input type="checkbox"/> <input type="checkbox"/> _____ (FILLED BY BPS)	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE/GOVERNMENT .. 2 SELF-EMPLOYED 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR .. 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 601, 602 AND 603: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> CODE "3" OR "4" CIRCLED <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES/ LISTEN</th> <th>PRES/ NOT LISTEN</th> <th>NOT PRES</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10 ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES/ LISTEN	PRES/ NOT LISTEN	NOT PRES	CHILDREN < 10 ...	1	2	3	HUSBAND	1	2	3	OTHER MALES ...	1	2	3	OTHER FEMALES ...	1	2	3					
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OTHER FEMALES ...	1	2	3																								
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: - If she goes out without telling him? - If she neglects the children? - If she argues with him? - If she refuses to have sex with him? - If she cooks inedible meal?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGLECT CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INEDIBLE FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGLECT CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	INEDIBLE FOOD	1	2	8	
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INEDIBLE FOOD	1	2	8																								

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
901A	From which sources of information have you learned about HIV/AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J INTERNET K OTHER _____ X (SPECIFY)																	
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
906A	Can people get the AIDS virus by sharing unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to a child: - During pregnancy? - During delivery? - By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BY BREASTFEEDING ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY ...	1	2	8	BY BREASTFEEDING ..	1	2	8	
	YES	NO	DK																
DURING PREGNANCY	1	2	8																
DURING DELIVERY ...	1	2	8																
BY BREASTFEEDING ..	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
908A	How to identify someone who was infected HIV/AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL A BEHAVIOR B BLOOD TEST C OTHER _____ X (SPECIFY) DON'T KNOW Z	
908B	Do you know about voluntary HIV/AIDS test preceded by counseling, also known as VCT, which stands for voluntary counseling and testing?	YES 1 NO 2	→ 931A
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 931A
931	Where is that? IF UNABLE TO DETERMINE WHETHER A HOSPITAL OR CLINIC ADMINISTERED BY GOVERNMENT OR PRIVATE, WRITE IT'S NAME. _____ (NAME OF PLACE) RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C STAND-ALONE VCT CENTER D OTHER _____ E (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL F HEALTH CENTER G STAND-ALONE VCT CENTER H PRIVATE DOCTOR I MIDWIFE/NURSE J OTHER _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
931A	CHECK 601: CODE "1" OR "2" <input type="checkbox"/> CIRCLED ↓ CODE "3" <input type="checkbox"/> CIRCLED →		→ 932
931B	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband/partner?	YES 1 NO 2	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
933	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	YES 1 NO 2 DON'T KNOW/TUNSURE/DEPENDS... 8	
937	CHECK 901: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE "1" CIRCLED</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="border-left: 1px dashed black; width: 1px; height: 100%;"></div> <div style="text-align: center;"> <p>CODE "2" CIRCLED</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	YES 1 NO 2	→ 938
937A	What kind of infection that you know?	SIPHILIS/RAJA SINGA A GONORRHEA/KENCING NANAH B KONDILOMA AKUMINATA C CHANROID D CLAMYDIA/KLAMIDIA E KANDIDIASIS F HERPES GENITAL G OTHER X _____ (SPECIFY)	
937B	From which sources of information have you learned about sexually transmitted infection (STIs)? Any other place? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J INTERNET K OTHER X _____ (SPECIFY)	
937C	If a <u>man</u> has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E KEMERAHAN / RADANG PADA SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER W _____ (SPECIFY) OTHER X _____ (SPECIFY) NO SYMPTOM Y DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937D	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOM Y</p> <p>DON'T KNOW Z</p>	
938	<p>CHECK 613:</p> <p>CODE "00" NOT CIRCLED <input type="checkbox"/></p> <p>CODE "00" CIRCLED <input type="checkbox"/></p>	<p>→ 947</p>	
939	<p>CHECK 937:</p> <p>CODE "1" CIRCLED <input type="checkbox"/></p> <p>CODE "2" CIRCLED <input type="checkbox"/></p>	<p>→ 941</p>	
940	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
941	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
942	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
943	<p>CHECK 940, 941, AND 942:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>	<p>→ 947</p>	
944	<p>The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 947</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
945	Where did you go? Any other place? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOT CURED A SELF CURED B HEALTH CENTER C HOSPITAL/CLINIC D PRIVATE DOCTOR E MIDWIFE F PHARMACY/DRUG STORE G TRADITIONAL PRACTITIONER H FRIEND/RELATIVE I OTHER _____ X (SPECIFY)																						
947	Husband and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband/partner when: - She knows her husband has a sexually transmitted infection? - She knows her husband has sex with other women? - She has recently given birth? - She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STI	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8		
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TIRED/MOOD	1	2	8																					
947A	CHECK 214, 217 AND 218: HAS AT LEAST ONE CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/>	HAS NO CHILD AGE 10- 19 YEARS LIVING WITH HER <input type="checkbox"/>	→ 1001																					
947B	Have you or your husband/partner discussed the following topics with your teenage children: - Reproductive age? - Sexually transmitted infection? - Drugs? - Delay in age at marriage? - Issues in family planning and reproductive health? - Puberty?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>REPRODUCTIVE AGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STIs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DELAY IN AGE AT MARRIAGE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ISSUES IN FP AND RH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PUBERTY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	REPRODUCTIVE AGE	1	2	STIs	1	2	DRUGS	1	2	DELAY IN AGE AT MARRIAGE ..	1	2	ISSUES IN FP AND RH	1	2	PUBERTY	1	2	
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SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS . . . <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1004</p>																						
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS . . . <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1004</p>																						
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																						
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2 → 1006</p>																						
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																						
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2 → 1008</p>																						
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																						
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> </tr> <tr> <td></td> <td align="center">PROB-</td> <td align="center">PROB-</td> </tr> <tr> <td></td> <td align="center">LEM</td> <td align="center">LEM</td> </tr> <tr> <td>PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
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GO ALONE	1	2																						
1009	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2 → 1101</p>																						
1010	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>HEALTH DONATION A</p> <p>JPK PNS/VETERAN/PENSIUN (ASKES B</p> <p>JPK JAMSOSTEK C</p> <p>HEALTH CARD/JPK GAKIN/POOR</p> <p>CARD/JAMKESMAS CARD D</p> <p>PRIVATE HEALTH INSURANCE E</p> <p>BENEFOLENT FUND/SUBSTITUSION</p> <p>BY CORPORATE F</p> <p>OTHER _____ X</p> <p align="center">(TULISKAN)</p>																						

SECTION 11. MATERNAL MORTALITY

1101	Now I want to ask you some questions about your brothers and sisters, that is, the children who was born to your natural mother, including these who are living with you, those living elsewhere, and those who have died. How many children who were born from your mother, including you?	NUMBER OF CHILDREN FROM NATURAL MOTHER <input style="width:40px; height:20px;" type="text"/>
1102	CHECK 1101: TWO OR MORE BIRTH <input style="width:30px; height:15px;" type="checkbox"/> ONLY ONE BIRTH <input style="width:30px; height:15px;" type="checkbox"/> → 1201	
1103	Of all the births, how many sisters and brothers are older than you?	NUMBER OF SISTER OR BROTHER <input style="width:40px; height:20px;" type="text"/>

QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)
1104 What was the name given to your oldest (next) oldest brothers or sisters?(START FROM THE OLDEST)	.....	.....	.....	.....	.....	.....
1105 Is (NAME) male or female?	ML 1 FM 2	ML ..... 1 FM ..... 2	ML ..... 1 FM ..... 2	ML ..... 1 FM ..... 2	ML ..... 1 FM ..... 2	ML ..... 1 FM ..... 2
1106 Is (NAME) still alive?	YES 1 NO 2 TO 1108 ← DK 8 TO (2) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (3) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (4) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (5) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (6) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (7) ←
1107 How old is (NAME)?	<input style="width:30px; height:20px;" type="text"/> TO (2)	<input style="width:30px; height:20px;" type="text"/> TO (3)	<input style="width:30px; height:20px;" type="text"/> TO (4)	<input style="width:30px; height:20px;" type="text"/> TO (5)	<input style="width:30px; height:20px;" type="text"/> TO (6)	<input style="width:30px; height:20px;" type="text"/> TO (7)
1108 In what year did (NAME) die?	<input style="width:40px; height:20px;" type="text"/>					
1109 How old was (NAME) when he/she died?	<input style="width:30px; height:20px;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (2)	<input style="width:30px; height:20px;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (3)	<input style="width:30px; height:20px;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (4)	<input style="width:30px; height:20px;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (5)	<input style="width:30px; height:20px;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (6)	<input style="width:30px; height:20px;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (7)
1110 Was (NAME) pregnant when she died?	YES 1 TO 1013 ← NO 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2
1111 Was (NAME) died during childbirth?	YES 1 TO 1013 ← NO 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2	YES ..... 1 TO 1013 ← NO ..... 2
1112 Did (NAME) die within two months after the end of pregnancy?	YES 1 NO 2 TO 1014 ←	YES ..... 1 NO ..... 2 TO 1014 ←	YES ..... 1 NO ..... 2 TO 1014 ←	YES ..... 1 NO ..... 2 TO 1014 ←	YES ..... 1 NO ..... 2 TO 1014 ←	YES ..... 1 NO ..... 2 TO 1014 ←
1113 How many children had (NAME) given birth to (before that pregnancy)?	<input style="width:30px; height:20px;" type="text"/>					

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

QUESTIONS AND FILTERS	(7)	(8)	(9)	(10)	(11)	(12)
1104 What was the name given to your oldest (next) oldest brothers or sisters?(START FROM THE OLDEST)	.....	.....	.....	.....	.....	.....
1105 Is (NAME) male or female?	ML 1 FM 2	ML 1 FM 2	ML 1 FM 2	ML 1 FM 2	ML 1 FM 2	ML 1 FM 2
1106 Is (NAME) still alive?	YES 1 NO 2 TO 1108 ← DK 8 TO (8) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (9) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (10) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (11) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (12) ←	YES 1 NO 2 TO 1108 ← DK 8 TO (13) ←
1107 How old is (NAME)?	<input type="text"/> <input type="text"/> TO(8)	<input type="text"/> <input type="text"/> TO(9)	<input type="text"/> <input type="text"/> TO (10)	<input type="text"/> <input type="text"/> TO (11)	<input type="text"/> <input type="text"/> TO (12)	<input type="text"/> <input type="text"/> TO (13)
1108 In what year did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1109 How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD TO (13)
1110 Was (NAME) pregnant when she died?	YES 1 TO1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2
1111 Did (NAME) she died during childbirth?	YES 1 TO1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2	YES 1 TO 1113 ← NO 2
1112 Did (NAME) die within two months after the end of pregnancy?	YES 1 NO 2 TO 1114 ←	YES 1 NO 2 TO 1114 ←	YES 1 NO 2 TO 1114 ←	YES 1 NO 2 TO 1114 ←	YES 1 NO 2 TO 1114 ←	YES 1 NO 2 TO 1114 ←
1113 How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IF THERE ISN'T BROTHER OR SISTER AGAIN, GO TO 1114

1114 CHECK 1110, 1111 AND 1112 OF ALL SISTERS:

THERE IS CODE 'YES' CIRCLED THERE ISN'T CODE 'YES' CIRCLED → 1201

To be sure, you said that your sister named _____ died (pregnant/give birth/after birth), is it true?
IF RIGHT, SKIP TO 1201.
IF FALSE, CORECT THE ANSWER AND GO TO 1201.

12. RESPONDENT'S ADDITIONAL BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1201	CHECK 103: 15-24 <input type="checkbox"/> 25 OR OLDER <input type="checkbox"/>		1733																								
1202	CHECK 601, 602, DAN 603: NEVER MARRIED <input type="checkbox"/> YES, FORMERLY MARRIED/LIVED WITH A MAN <input type="checkbox"/>		1733																								
1203	Are you currently attending school?	YES 1 NO 2	1205																								
1204	What is the reason you are not currently attending school any more?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR ANOTHER FAMILY MEMBER 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES ... 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE ... 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER 96 (SPECIFY)																									
1205	CHECK 110: CODE '1' OR '2' CIRCLED <input type="checkbox"/> CODE '3' CIRCLED <input type="checkbox"/>		1207																								
1206	In the last 6 months did you hear on the radio: - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>POSTPONE MARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	POSTPONE MARRIAGE	1	2	HIV/AIDS	1	2	STI	1	2	CONDOM	1	2	DRUGS	1	2	ALCOHOL	1	2	FAMILY PLANNING	1	2	
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1207	CHECK 111: CODE '1' OR '2' CIRCLED <input type="checkbox"/> CODE '3' CIRCLED <input type="checkbox"/>		1209																								
1208	In the last 6 months did you watch on television: - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>POSTPONE MARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	POSTPONE MARRIAGE	1	2	HIV/AIDS	1	2	STI	1	2	CONDOM	1	2	DRUGS	1	2	ALCOHOL	1	2	FAMILY PLANNING	1	2	
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1209	CHECK 112: CODE '1' OR '2' CIRCLED <input type="checkbox"/> CODE '3' CIRCLED <input type="checkbox"/>		1301																								
1210	In the last 6 months did you read an article in a newspaper or magazine: <ul style="list-style-type: none"> - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning? 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>POSTPONE MARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	POSTPONE MARRIAGE	1	2	HIV/AIDS	1	2	STI	1	2	CONDOM	1	2	DRUGS	1	2	ALCOHOL	1	2	FAMILY PLANNING	1	2	
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NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																
1307	<p>Who talked to you about menstruation?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY)																	
1308	<p>The first time you menstruated, did you talk to anyone?</p> <p>Who did you talk to?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY) NO ONE Z																	
1309	<p>Can a woman become pregnant by having one sexual intercourse ?</p>	YES 1 NO 2 DON'T KNOW 8																	
1310	<p>Do you know how to avoid pregnancy?</p> <p>If "YES": What is it?</p> <p>Any other way?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	ABSTAIN FROM SEX A USE CONTRACEPTION B RHYTHM OR PERIODIC ABSTINENCE C WITHDRAWAL D HERBS E OTHER _____ X (SPECIFY) DON'T KNOW Z																	
1311	<p>What service of family planning do you think should be made available to unmarried youth?</p> <ul style="list-style-type: none"> - Information about reproductive health and family planning methods? - Consultation about how to use family planning methods? - Provision and family planning services 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>INFORMATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COUNSELLING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SERVICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	INFORMATION	1	2	COUNSELLING	1	2	SERVICE	1	2					
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COUNSELLING	1	2																	
SERVICE	1	2																	
1312	<p>I will now read you some statements about condom use. Do you agree or disagree with the following statement:</p> <ul style="list-style-type: none"> - Condoms can be used to prevent pregnancy - A condom can protect against getting HIV/AIDS and other sexually transmitted diseases - A condom can be reused 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>PREVENT PREGNANCY .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PREVENT HIV/AIDS AND STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>CAN BE REUSED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		DIS- AGREE	AGREE	DON'T KNOW	PREVENT PREGNANCY .	1	2	8	PREVENT HIV/AIDS AND STI	1	2	8	CAN BE REUSED	1	2	8	
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PREVENT PREGNANCY .	1	2	8																
PREVENT HIV/AIDS AND STI	1	2	8																
CAN BE REUSED	1	2	8																
1313	<p>Now I want to talk about a disease called anemia. Have you ever heard of anemia?</p>	YES 1 NO 2	→ 1401																

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1314	<p>What is anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LOW HEMOGLOBIN (Hb) A</p> <p>IRON DEFICIENCY B</p> <p>DEFICIT IN RED BLOOD CELLS C</p> <p>BLOOD DEFICIT D</p> <p>VITAMIN DEFICIENCY E</p> <p>LOW BLOOD PRESSURE F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
1315	<p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A</p> <p>LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B</p> <p>BLEEDING C</p> <p>MENSTRUATION D</p> <p>MALNUTRITION E</p> <p>INFECTIOUS DISEASE F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
1316	<p>Can anemia be treated?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>↳ 1401</p>
1317	<p>How is anemia treated?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>TAKE PILL TO INCREASE BLOOD ... A</p> <p>TAKE IRON TABLET B</p> <p>INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C</p> <p>INCREASE CONSUMPTION OF IRON-RICH VEGETABLES D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

14. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1401	At what age would you like to be married?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NEVER 95 DON'T KNOW 98	
1402	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
1403	In your opinion, what is the best age for a man to get married?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
1404	Do you think a couple who wants to get married needs to have a medical test?	YES 1 NO 2 DON'T KNOW 8	↘ 1406
1405	What kind of medical test ? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BLOOD B URINE C OTHER X (SPECIFY) DON'T KNOW Z	
1406	Who is going to choose the person you will marry: your parents, yourself, or together ?	SELF 1 PARENTS 2 RELATIVES 3 JOINTLY 4	
1409	Who do you think should decide on how many children a couple should have : the wife, the husband, or both?	WIFE 1 HUSBAND 2 BOTH 3 DON'TKNOW 8	
1410	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
1411	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
1412	How long do you think a woman should wait after one birth before she has another birth?	MONTH 1 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEARS 2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																								
1413	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, have an abortion, or up to her?	HAVE THE BABY AND KEEP IT 1 HAVE THE BABY AND GIVE IT AWAY 2 HAVE AN ABORTION 3 UP TO HER 4 DON'T KNOW 8																																									
1414	<p>I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if:</p> <ul style="list-style-type: none"> - Her health is endangered by the pregnancy? - Her life is endangered by the pregnancy? - The fetus has physical deformity? - The pregnancy has resulted from rape? - She is unmarried? - The couple can not afford to have a child? - She is attending school? 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">DIS- AGREE</th> <th style="width: 10%; text-align: center;">AGREE</th> <th style="width: 10%; text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>ENDANGER HER HEALTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>ENDANGER LIFE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>FETUS DEFORMED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>RAPED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>UNMARRIED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>CAN NOT AFFORD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>ATTENDING SCHOOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> </tbody> </table>			DIS- AGREE	AGREE	DON'T KNOW	ENDANGER HER HEALTH	1	2	8		ENDANGER LIFE	1	2	8		FETUS DEFORMED	1	2	8		RAPED	1	2	8		UNMARRIED	1	2	8		CAN NOT AFFORD	1	2	8		ATTENDING SCHOOL	1	2	8		
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15. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1501	<p>We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with:</p> <ul style="list-style-type: none"> - Friend? - Mother? - Father? - Siblings? - Family? - Teacher? - Health service provider? - Religious leader? 	<p align="right">YES NO</p> <p>FRIENDS 1 2</p> <p>MOTHER 1 2</p> <p>FATHER 1 2</p> <p>SIBLINGS 1 2</p> <p>RELATIVES 1 2</p> <p>TEACHER 1 2</p> <p>HEALTH SERVICE PROVIDER 1 2</p> <p>RELIGIOUS LEADER 1 2</p>	
1502	<p>If you want to know more about reproductive health, who would you like to ask?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	

1503	<p>CHECK 104:</p> <p>HAVE ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/></p> <p align="right">→ 1506</p>
------	--

TOPIC	1504. Have you ever been taught at school about (TOPIC)?	1505 In what level of schooling were you when you first were taught at school about (TOPIC)?
A. How the human reproductive system works.	<p>YES 1 →</p> <p>NO 2 ↘</p> <p>DON'T KNOW 8 ↘</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY 4</p> <p>UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
B. Methods of birth control.	<p>YES 1 →</p> <p>NO 2 ↘</p> <p>DON'T KNOW 8 ↘</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY 4</p> <p>UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
C. HIV/AIDS.	<p>YES 1 →</p> <p>NO 2 ↘</p> <p>DON'T KNOW 8 ↘</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY 4</p> <p>UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
D. Other sexually transmitted infections.	<p>YES 1 →</p> <p>NO 2 ↘</p> <p>DON'T KNOW 8 ↘</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY 4</p> <p>UNIVERSITY 5</p> <p>DON'T KNOW 8</p>
E. NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	<p>YES 1 →</p> <p>NO 2 ↘</p> <p>DON'T KNOW 8 ↘</p>	<p>PRIMARY 1</p> <p>JUNIOR HIGH SCHOOL 2</p> <p>SENIOR HIGH SCHOOL 3</p> <p>ACADEMY 4</p> <p>UNIVERSITY 5</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1506	Have you ever attended a community-sponsored meeting about reproductive health?	YES 1 NO 2	→1508
1507	What kind of meeting did you attend? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	YOUTH GROUP A RELIOUS GATHERING B YOUTH FAMILY GUIDANCE/BKR C NGO D GOVT. EXTENSION SERVICE E OTHER _____ X (SPECIFY)	
1508	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES 1 NO 2	→1601
1509	What places have you heard about? _____ (TULISKAN) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PIK-KRR A PKRR/PIKER B YOUTH CENTER C OTHER X DON'T REMEMBER/DON'T KNOW ... Z	
1510	Do you know where this place is (any of these places are)?	YES 1 NO 2	→1601
1511	Have you ever visited this place (any of these places)?	YES 1 NO 2	→1601
1512	What services did you find there? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER _____ X (SPECIFY) DON'T KNOW Z	
1513	Apart from services you mentioned before, what other services do you want to be available in that place (those places)? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER _____ X (SPECIFY) DON'T KNOW Z	

16. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1601	CHECK 1004: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE "2" CIRCLED <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> CODE "2" CIRCLED <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> → </div> </div>		1603
1602	Have you ever tried to smoke a cigarette?	YES 1 NO 2	→ 1605
1603	How old were when you smoked a cigarette for the first time?	AGE IN YEARS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
1604	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> JUST TRIED 94 NEVER SMOKED REGULARLY ... 95 DON'T KNOW 98	
1605	Have you ever asked/influenced a friend/someone to smoke?	YES 1 NO 2	
1606	Have you ever asked/influenced a friend/someone not to smoke?	YES 1 NO 2	
1607	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→ 1611
1608	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
1609	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DID NOT DRINK 95	
1610	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
1611	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES 1 NO 2	
1612	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1613	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (LOCAL TERMS: fly, boat, fantasize, etc). Do you know someone who takes drugs?	YES 1 NO 2	
1614	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO 2	→1622
1615	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER _____ X (SPECIFY)	
1616	CHECK 1615: CODE 'C' NOT CIRCLED <input type="checkbox"/> CODE 'C' CIRCLED <input type="checkbox"/>		→ 1618
1617	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES 1 NO 2	→1622
1618	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
1619	Did you inject drugs in the last 12 months?	YES 1 NO 2	→1621
1620	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE PER WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER _____ 96 (SPECIFY)	
1621	Have you ever shared needles?	YES 1 NO 2	
1622	Have you ever asked/influenced a friend/someone to use drugs?	YES 1 NO 2	
1623	Have you ever asked/influenced a friend/someone not to use drugs?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1708	How old were you when you first had sexual intercourse?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
1709	What is your relationship to the person you had sex with the first time? DO NOT READ OUT RESPONSES.	FRIEND 01 BOY/GIRLFRIEND 02 RELATIVE 03 FATHER 04 PROSTITUTE 05 OTHER 96 (SPECIFY)	
1710	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	<input type="checkbox"/> → 1712
1711	What did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D OTHER X (SPECIFY)	
1712	Do you have any friends who have had sex before marriage?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 1714
1713	Because your friends have had sex, are you motivated to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
1714	Do you agree or disagree with the following statements: - A man has many partners/girlfriends at the same time? - A women has many patners/boyfriends at the same time?	YES NO DE- PENDS A BOY HAS MANY GIRLFRIENDS .. 1 2 8 A GIRL HAS MANY BOYFRIENDS 1 2 8	
1715	Do you approve if a woman has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	
1716	Do you approve if a man has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1717	Do you approve if someone has sexual intercourse before marriage if: <ul style="list-style-type: none"> - They both like to have sex. - They love each other. - They plan to get married - The woman is an adult and knows the consequences - They want to show their love 	DIS- APPROVE APPROVE LIKE SEX 1 2 LOVE EACH OTHER ... 1 2 PLAN TO MARRY 1 2 WOMEN KNOW CONSEQUENCES ... 1 2 SHOW LOVE 1 2	
1718	Do you strongly agree, agree or disagree of the opinion that women should maintain their virginity before marriage?	STRONGLY AGREE 1 AGREE 2 DISAGREE 8	
1719	Do you men in general still value virginity in a woman?	YES 1 NO 2 DON'T KNOW 8	
1720	CHECK 613: HAS NOT HAD <input type="checkbox"/> SEXUAL INTERCOURSE HAD SEXUAL <input type="checkbox"/> INTERCOURSE		1722
1721	Do you intend to have sexual intercourse soon?	YES 1 NO 2 DEPENDS 8	
1722	Have you ever advised/influenced a friend/someone to have sexual intercourse?	YES 1 NO 2	
1723	Have you ever advised/influenced a friend/someone not to have sexual intercourse?	YES 1 NO 2	
1724	CHECK 228: DIDN'T WANT TO GET PREGNANT <input type="checkbox"/> WANTED TO GET PREGNANT/ DIDN'T ASKED <input type="checkbox"/>		1730
1725	How many times did you become pregnant when you did not want to?	ONCE 1 SEVERAL TIMES 2	
1726	CHECK 1725: <input type="checkbox"/> ONCE <input type="checkbox"/> SEVERAL TIMES When you had the unwanted pregnancy(ies), what did you do? When you had an unwanted pregnancy(ies), what did you do?	CONTINUED THE PREGNANCY 1 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 2 ABORTED THE PREGNANCY 3 HAD A MISCARRIAGE 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	1728 1730

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- L BIRTH
- H PREGNANCIES
- K MISCARRIAGE
- A ABORTION
- S STILLBIRTH

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 INTRAVAG/DIAPHRAGM
- M LACTATIONAL AMENORRHEA METHOD
- P PERIODIC ABSTINENCE
- T WITHDRAWAL
- D EMERGENCY CONTRACEPTION
- X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 GOVT. CLINIC
- 4 FP FIELDWORKER
- 5 FP MOBILE CLINIC
- 6 VILLAGE HEALTH POST
- 7 DELIVERY POST
- 8 HEALTH POST
- 9 FP POST
- A PVT. HOSPITAL
- B PVT. CLINIC
- C PRIVATE DOCTOR
- D MIDWIFE
- E VILLAGE MIDWIFE
- F PHARMACY/DRUGSTORE
- G FRIENDS/RELATIVES
- H SHOP
- X OTHER _____
(SPECIFY)

COL. 3: REASON FOR DISCONTINUATION OF CONTRACEPTION

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F DON'T KNOW/MIND
- M MENOPAUSAL
- C MARITAL DISSOLUTION/SEPARATION
- N IUD EXPELLED
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

COL. 4: MARITAL STATUS

- X MARRIAGE
- 0 NOT MARRIAGE
- B LIVING TOGETHER

		1	2	3	4		
DES	01					01	DES
NOV	02					02	NOV
OKT	03					03	OKT
SEP	04					04	SEP
2	AGT	05				05	AGT 2
0	JUL	06				06	JUL 0
1	JUN	07				07	JUN 1
1	MEI	08				08	MEI 1
	APR	09				09	APR
	MAR	10				10	MAR
	PEB	11				11	PEB
	JAN	12				12	JAN
DES	13					13	DES
NOV	14					14	NOV
OKT	15					15	OKT
SEP	16					16	SEP
2	AGT	17				17	AGT 2
0	JUL	18				18	JUL 0
1	JUN	19				19	JUN 1
0	MEI	20				20	MEI 0
	APR	21				21	APR
	MAR	22				22	MAR
	PEB	23				23	PEB
	JAN	24				24	JAN
DES	25					25	DES
NOV	26					26	NOV
OKT	27					27	OKT
SEP	28					28	SEP
2	AGT	29				29	AGT 2
0	JUL	30				30	JUL 0
0	JUN	31				31	JUN 0
9	MEI	32				32	MEI 9
	APR	33				33	APR
	MAR	34				34	MAR
	PEB	35				35	PEB
	JAN	36				36	JAN
DES	37					37	DES
NOV	38					38	NOV
OKT	39					39	OKT
SEP	40					40	SEP
2	AGT	41				41	AGT 2
0	JUL	42				42	JUL 0
0	JUN	43				43	JUN 0
8	MEI	44				44	MEI 8
	APR	45				45	APR
	MAR	46				46	MAR
	PEB	47				47	PEB
	JAN	48				48	JAN
DES	49					49	DES
NOV	50					50	NOV
OKT	51					51	OKT
SEP	52					52	SEP
2	AGT	53				53	AGT 2
0	JUL	54				54	JUL 0
0	JUN	55				55	JUN 0
7	MEI	56				56	MEI 7
	APR	57				57	APR
	MAR	58				58	MAR
	PEB	59				59	PEB
	JAN	60				60	JAN
DES	61					61	DES
NOV	62					62	NOV
OKT	63					63	OKT
SEP	64					64	SEP
2	AGT	65				65	AGT 2
0	JUL	66				66	JUL 0
0	JUN	67				67	JUN 0
6	MEI	68				68	MEI 6
	APR	69				69	APR
	MAR	70				70	MAR
	PEB	71				71	PEB
	JAN	72				72	JAN

